## APPROVAL OF OF OFFICIAL PACKAGE

Position for which yo	u are seeking approval:		
Your full name (please	e print clearly):		
First	Mic	ddle	Last
Address: Street			
City:	State:	Zip:_	
Phone No.:	Years resided:	/Re	nt
Date of birth:	Social Security Nu	umber:	
Place of birth: City:_		State:	
If less than five years	at present address complete	below:	
Previous address:			
	State:		
Years resided:	Ov	<b>vn</b> /Rent	
	<u>EMI</u>	<u>PLOYMENT</u>	
Employer:			
Location: City		State:	
Occupation:			
Principal Duties:			
Supervisor:		Date of hire:	
If less that five years	at present employer compl	lete below:	
Employer:			
Location: City		State:	
Occupation Duties:			
Supervisor:		Date of hire:	

## **Education**

High School				
City		State:		
Course of study	,			
Year graduted_				
College:				
City		State:		
Course of study	,			
Years completed	d	Year gradu	ated:	
Degree				<u></u>
education in bus	ttended, other training siness management ar s sheet as necessary).			vided you with
	MAJOR BUS	SINESS ACTIVITY - P	AST FIVE YEARS	
Name of Business	City, State	Type of Busines		position From To
List other signif	icant items which perta	ain to your business b	oackground:	
State why you b	elieve that you are qua	alified for this position	1.	
	zations Or Association			
Name	Туре	City	State	From/ To

## **BUSINESS REFERENCES**

Name:		
Address:		
Type of Business:		
Person to contact:		
Telephone:	Years known:	
Name:		
Address:		
Type of Business:		
Person to contact:		
Telephone:	Years known:	
Name:		
Address:		
Type of Business:		
Person to contact:		
Telephone:	Years known:	

1.	Has a claim pertaining to a fidelity bond ever been filed against you?	Yes	No ——
2.	Have you ever been denied coverage under a fidelity bond?		
3.	Have you filed a petition for bankruptcy in the last ten years?		
4.	Are any suits pending against you?		
5.	Are any unsatisfied judgments pending against you?		
6.	Are any material legal or administrative proceedings pending against you?		
7.	Have you ever been indicted or convicted of a crime by either a state or federal court?		
	have answered yes to <u>any</u> of the above give full details and cossession which pertain.	d attach copies c	f any documents i
	y that the above information provided to the National Cred t to the best of my knowledge.	it Union Adminis	stration is true and
Signat	ure Date		

A complete credit check may be required before your appointment can be approved.

Please provide the information below and sign the authorization. Your signature authorized the National Credit Union Administration (NCUA) to request a credit check.

Name:		
(Last)	(First)	(Initial)
Address:		
Social Security Number:	<del>-</del>	
My signature below authorized N	ICUA to conduct a credit check.	
Name	Date	<del></del>